Image# 26960551589 10/19/2006 17:28 PAGE **1** / **5** 

### **FEC FORM 5**

#### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND  (b) Address (number and street)	To be used by Fersons (other than Fontical Committees) including Qualified Nonprofit C	orporations
(b) Address (number and street) check if different than previously reported  1130 17TH STREET NW  (c) City State and ZIP Code  WASHINGTON DC 20036  2. Corporate filers only Is the filer a qualified nonprofit corporation? \( \times \) Yes \( \) No  Individual filers only Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) \( \text{April 15 Quarterly Report} \) \( \text{Q 24-Hour Report} \) \( \text{Q 48-Hour Report} \) \( \text{Q 48-Hour Report} \) \( \text{Q 190007907} \)  (b) Is this Report an amendment? Yes \( \) No \( \)  THROUGH  If	(a) Name of Individual, Organization or Corporation	
(c) City, State and ZIP Code  WASHINGTON  DC 20036  2 Corporate fillers only  Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Individual filers only  Name of Employer  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October Quarterly Report  January 31 Year-End Report  THROUGH  M M / D D / Y Y Y Y  THROUGH  M M / D D / Y Y Y Y  THROUGH  A TOTAL CONTRIBUTIONS  7. TOTAL INDEPENDENT EXPENDITURES  Independent expenditures are are made with the cooperation or price consent of, or in constitution with, or at the respected bream were made by as componition. Leafly the the constitution of a candidate's agent of authorized committee or a positional partly committee or in agent, in addition, if the independent expenditures reported bream were made by as componition. Leafly the the procession is a qualified corporation corporation for the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  Anne Saer	DEFENDERS OF WILDLIFE ACTION FUND	
WASHINGTON  DC 20036  C 200007907  Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Individual filers only  Name of Employer  Occupation  Occupation  4. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report		
WASHINGTON DC 20036  C Corporate filers only Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  A. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October Quarterly Report  January 31 Year-End Report  (b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM  M M / D D / Y Y Y Y  THROUGH  M M M / D D / Y Y Y Y  6. TOTAL CONTRIBUTIONS  7. TOTAL INDEPENDENT EXPENDITURES  Under parally of porjury, I contify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate is agent or authorized committee or a political party committee or its agent. It addition, I the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate is agent or authorized committee or a political party committee or its agent. It addition, I the independent expenditures reported herein were made by a composition, I test the three compendations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE	(c) City, State and ZIP Code	
C   C   C   C   C   C   C   C   C   C	WASHINGTON DC 20036	FEC Identification Number
Is the filer a qualified nonprofit corporation?		<b>C</b> C90007907
4. TYPE OF REPORT (check appropriate boxes):  (a)		
4. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report     24-Hour Report   48-Hour Report   48-Hour Report   48-Hour Report     24-Hour Report   48-Hour Report     24-Hour Report	Individual filers only Name of Employer	Decupation
(a) April 15 Quarterly Report		
(a) April 15 Quarterly Report		
July 15 Quarterly Report   January 31 Year-End Report     (b) Is this Report an amendment? Yes   No   X     5. COVERING PERIOD: FROM   M M	4. TYPE OF REPORT (check appropriate boxes):	
October Quarterly Report   January 31 Year-End Report	(a) April 15 Quarterly Report	Report
January 31 Year-End Report	☐ July 15 Quarterly Report	
(b) Is this Report an amendment? Yes No   5. COVERING PERIOD: FROM MM / DD / Y Y Y Y  THROUGH MM / DD / Y Y Y Y  6. TOTAL CONTRIBUTIONS	October Quarterly Report	
(b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM MM / DD / Y Y Y Y  THROUGH MM / DD / Y Y Y Y  6. TOTAL CONTRIBUTIONS	January 31 Year-End Report	
5. COVERING PERIOD: FROM MM / DD / YYYYY  THROUGH MM M / DD / YYYYY  6. TOTAL CONTRIBUTIONS	Sandaly of roal End rioport	
THROUGH  6. TOTAL CONTRIBUTIONS	(b) Is this Report an amendment? Yes \(\Boxed{V}\) No \(\overline{X}\)	
6. TOTAL CONTRIBUTIONS	5. COVERING PERIOD: FROM M M / D D / Y Y Y Y	
6. TOTAL CONTRIBUTIONS	THROUGH	
7. TOTAL INDEPENDENT EXPENDITURES	M M / D D / Y Y Y	
7. TOTAL INDEPENDENT EXPENDITURES		
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  Anne Saer	6. TOTAL CONTRIBUTIONS	3250.00
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  Anne Saer  10/19/2006	7. TOTAL INDEPENDENT EXPENDITURES	16857.00
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  Anne Saer  10/19/2006		
Anne Saer 10/19/2006	request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if	the independent expenditures
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.	Anne Saer	10/19/2006
	NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

# SCHEDULE 5-A ITEMIZED RECEIPTS

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A	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may not name and address	be sold or used by a s of any political com	any person for the mittee to solicit c	e purpose of soliciting contributions ontributions from such committee
	NAME OF FILER (In Full)				
	DEFENDERS OF WILDLIFE ACTION F	UND			
۵.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 843 Cardinal Lane				1 0 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: F56.000001
	Bridgewater	NJ	08807		Amount of Each Receipt this Period
	FEC ID number of contributing				
	federal political committee.	C			500.00
	Name of Employer			Occupation	
	Self			Consulting	
В.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	10 Hillside Road				
	City Penfield	State NY	Zip Code 14526		Transaction ID: F56.000002
		INI	14320		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			2000.00
	Name of Employer			Occupation	
	Retired			Educational	Training
C.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 1130 E Arrow Hwy				M M / D D / Y Y Y Y Y Y 1.0 1.3 2.006
	City	State	Zip Code		Transaction ID: F56.00003
	Upland	CA	91786	_	Amount of Each Receipt this Period
	FEC ID number of contributing				
	federal political committee.	С			250.00
	Name of Employer			Occupation	
	Univ of La Verne			Professor	
D.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 3755 Rectortown Road				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code		Transaction ID: F56.000004
	Marshall	VA	20115		Amount of Each Receipt this Period
	FEC ID number of contributing				300.00
	federal political committee.	C			
	Name of Employer			Occupation	
	Retired			Homemaker	
SI	JBTOTAL of Receipts This Page (optional)				3050.00
Т	OTAL This Period (last page carry total to Line 6	6)			

#### SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 3/5

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUND A. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 670 Randall Road Transaction ID: F56.000005 State Zip Code Santa Barbara CA 93108 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Requested Requested

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page carry total to Line 6)	3250.00

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

l	PAGE <b>4</b> / <b>5</b>
	FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS	OE WILD	IUNI ELINID
DEI LINDENS	OI WILD	

Full Name (Last, First, Middle Initial) of Payee		Date
MSHC Partners		M M / D D / Y Y Y
Mailing Address		
1155 15th Street, #300		Amount
City State	Zip Code	8200.00
Washington DC	20005	
Purpose of Expenditure	Catagony	Office Sought: X House State: CA
Doorhanger and postcard	Category/ Type 006	House State: CA Senate
Name of Federal Candidate Supported or Opposed by Expenditure		President District: 11
Richard Pombo		Check One: Support X Oppose
Calendar Year-To-Date Per Election	00	Disbursement For: Primary General
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
MSHC Partners		M M / D D / Y Y Y
Mailing Address		
1155 15th Street, #300		Amount
City State	Zip Code	8200.00
Washington DC	20005	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
Doorhanger and postcard	Type 006	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure	:	President District: 11
Jerry McNerney		Check One: X Support Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	.00	Other (specify)
		I
Full Name (Last, First, Middle Initial) of Payee		Date
		1,0 / 1,7 / Y Y Y O O O
Mailing Address 555 Peters Ave		Amount
		51.00
City State Pleasanton CA	Zip Code 94566	
Purpose of Expenditure	<u> </u>	Office Sought: Y House CA
Travel reimbursement	Category/ Type 002	State: Ort
		House Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure Richard Pombo	i.	
Calendar Year-To-Date Per Election	00	Disbursement For: Primary General
for Office Sought	.00	Other (specify)
	,	10151.00
(a) SUBTOTAL of Itemized Independent Expenditures		16451.00
#N		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LI	NE 7 FOR FORM	<i>l</i> 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee		Date
		M M / D D / Y Y Y Y Y 1 1 3 2 0 0 6
Mailing Address		1 0 1 3 2 0 0 6 Amount
555 Peters Ave		
City State	Zip Code	77.00
Pleasanton CA	94566	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
suplies	Type 001	House Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President
Richard Pombo		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Arrowhead Waters		M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		
P.O. box 856158		Amount
City State	Zip Code	281.00
Louisville KY	40285	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
Purchase water for office	Type 001	House Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure Richard Pombo	e:	President
Thomatu i ombo		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
555 Peters Ave		Amount
City State	Zip Code	48.00
Pleasanton CA	94500	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
Travel reimbursement	Type 002	House Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President District:
Richard Pombo		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	.00	Other (specify)
(a) SURTOTAL of Itomized Independent Evpanditures		406.00
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
•		
(c) TOTAL Independent Expenditures		16857.00
(carry total from last page forward to Line 7)		